

**APPLICATION DATA SHEET**

**Application Information**

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?: None

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?:

Computer Readable Form (CRF)?:: No

Number of Copies of CRF::

Title:: CATHETER PACKAGE

Attorney Docket Number:: 1027550-000895

Request for Early Publication?: No

Request for Non-Publication?: No

Suggested Drawing Figure::

Total Drawing Sheets:: 10

Small Entity?: No

Latin Name::

Variety Denomination Name::

Petition Included?: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?: No

### **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Japan

Status:: Full Capacity

Given Name:: Yasushi

Middle Name::

Family Name:: ITOU

Name Suffix::

City of Residence:: Fujinomiya-city

State or Province of Residence:: Shizuoka

Country of Residence:: Japan

Street of Mailing Address:: c/o Terumo Kabushiki Kaisha  
150 Maimaigi-cho

City of Mailing Address:: Fujinomiya-city

State or Province of Mailing Address:: Shizuoka

Country of Mailing Address:: Japan

Postal or Zip Code of Mailing Address::

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Japan
Status::	Full Capacity
Given Name::	Jun
Middle Name::	
Family Name::	IWAMI
Name Suffix::	
City of Residence::	Fujinomiya-city
State or Province of Residence::	Shizuoka
Country of Residence::	Japan
Street of Mailing Address::	c/o Terumo Kabushiki Kaisha 150 Maimaigi-cho
City of Mailing Address::	Fujinomiya-city
State or Province of Mailing Address::	Shizuoka
Country of Mailing Address::	Japan
Postal or Zip Code of Mailing Address::	
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Japan
Status::	Full Capacity
Given Name::	Shigeki
Middle Name::	
Family Name::	NUMATA
Name Suffix::	

City of Residence:: Fujinomiya-city  
State or Province of Residence:: Shizuoka  
Country of Residence:: Japan  
Street of Mailing Address:: c/o Terumo Kabushiki Kaisha  
150 Maimaigi-cho  
City of Mailing Address:: Fujinomiya-city  
State or Province of Mailing Address:: Shizuoka  
Country of Mailing Address:: Japan  
Postal or Zip Code of Mailing Address::

### **Correspondence Information**

Correspondence Customer Number:: 21839  
Phone Number:: (703) 836-6620  
Fax Number:: (703) 836-2021

### **Representative Information**

Representative Customer Number:: 21839

### **Domestic Priority Information**

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>
This Application	National Stage of	PCT/JP2005/006145	03/30/2005

### **Foreign Priority Information**

<b>Country::</b>	<b>Application Number::</b>	<b>Filing Date::</b>	<b>Priority Claimed::</b>
Japan	2004-107528	03/31/2004	Yes

## **Assignee Information**

Assignee Name:: TERUMO KABUSHIKI KAISHA

Street of Mailing Address:: 44-1, Hatagaya 2-chome, Shibuya-ku

City of Mailing Address:: Tokyo

State or Province of Mailing  
Address::

Country of Mailing Address:: Japan

Postal or Zip Code of Mailing  
Address::